

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

FIG. No.

FIG. No.

APP. No.

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2	1					
3	1					
4						
5						
6						
7						
8						
9						
10						
11	1					
12						
13						
14	1					
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49						
50						
TOTAL IND	7					
TOTAL DEP	16					
TOTAL CLAIMS	23					

	★		★		★	
	IND	DEP	IND	DEP	IND	DEP
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100						
TOTAL IND						
TOTAL DEP						
TOTAL CLAIMS						

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS